

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-069078 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1				52						
3		2		1			53						
4	1		1				54						
5		1		1			55						
6		2		1			56						
7		1		1			57						
8		1	1				58						
9		1		1			59						
10		1	1				60						
11		1		1			61						
12		1	1		1		62						
13		1		1			63						
14		1					64						
15							65						
16							66						
17							67						
18							68						
19							69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	6	1	1			TOTAL IND.						
TOTAL DEP.		1					TOTAL DEP.						
TOTAL CLAIMS	1	7	1	1			TOTAL CLAIMS						